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**PATIENT EDUCATION PROTOCOLS:****CHN - CHILD HEALTH - NEWBORN (0-60 DAYS)**

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**CHN - Child Health - Newborn (0-60 Days)****CHN-CAR CAR SEATS AND AUTOMOBILE SAFETY**

**OUTCOME:** The patient/family will understand measures that will improve car safety.

**STANDARDS:**

1. Stress the use of a properly secured, rear facing car seat EVERY TIME the newborn rides in a vehicle. The car seat should be in the middle of the back seat of the vehicle.
2. Discuss the requirement of a NTSB approved car seat. Not all infant carriers are approved for use in automobiles.
3. Explain the dangers posed by things that might divert attention from driving, such as smoking, cell phone use, eating, CDs and radios, etc.
4. Emphasize the importance of never driving while under the influence of alcohol, sedatives, and/or street drugs.
5. Emphasize not to leave infant/children unattended in a vehicle (motor running, not running, keys in car) due to potential incidents; e.g., vehicle gears shifted and car goes in motion, electric windows cause injury to child, keys locked in vehicle with child, heat/cold exposure, abduction or child wandering away.

**CHN-ECC EARLY CHILD CARIES**

**OUTCOME:** The patient/family will understand the importance of good oral hygiene and prevention of early childhood caries.

**STANDARDS:**

1. Discuss prevention of tooth decay (early childhood caries) by proper use of bottles, e.g., no bottles in bed, no propping of bottles, weaning by 12 months of age, nothing in the bottle except formula, breastmilk, or electrolyte solution.
2. Review oral hygiene habits. Discuss that the whole family should practice good oral hygiene. Explain methods of newborn oral hygiene, i.e. use of a soft washcloth to clean the gums.

**CHN-FU FOLLOW-UP**

**OUTCOME:** The patient/family will understand the importance of keeping routine well child visits.

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**STANDARDS:**

1. Discuss that well child visits are important to follow growth and development, to screen for disease, and to update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

**CHN-GD      GROWTH AND DEVELOPMENT**

**OUTCOME:** The parent(s) will have a basic understanding of a newborn's growth and development.

**STANDARDS:**

1. Discuss the various newborn reflexes.
2. Explain the limits of neuromuscular control in newborns.
3. Review the myriad of "noises" newborns can make and how to differentiate between normal sounds and signs of distress.
4. Review the limited wants of newborns—to be dry, fed and comfortable.
5. Discuss the other newborn aspects—sleeps about 20 hours, may have night and day reversed, colic and fussiness, knows mother better than father, crying patterns, hiccoughs, spitting up, thumb sucking.

**CHN-I      INFORMATION**

**OUTCOME:** Parents/family will understand newborn health and wellness issues.

**STANDARDS:**

1. Discuss that hand-washing is the best way to prevent the spread of infections to the newborn.
2. Stress the dangers of fever (>101 degrees Fahrenheit) in the newborn period and the importance of seeking immediate medical care. **Refer to NF.**
3. Discuss that rectal temperature is a reliable method of temperature measurement in newborns.
4. Bowel habits
  - a. Discuss the difference in frequency, consistency, texture, color, and odor of stools of breast or bottle fed newborns. Stress that each newborn is different.
  - b. Review constipation. Strongly discourage the use of enemas or homemade preparations to relieve constipation.
  - c. Review diarrhea protocols—clear liquids, when to come to the clinic.

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- d. Discuss normal I/O (7-8 wet and/or dirty diapers by the 4th to 5th day of life).
5. Discuss the option of circumcision and care of the circumcised and uncircumcised penis in boys. Discuss the normal vaginal discharge or bleeding that baby girls may have.
6. Discuss newborn hygiene, e.g., bathing, cord care, avoidance of powders, skin and nail care, appropriate clothing for the season and environment.
7. Discuss signs/symptoms of illness and when to seek medical care, e.g., fever > 100.4°F, seizure, certain rashes, irritability, lethargy, failure to eat, vomiting, diarrhea, jaundice, dehydration, apnea, cyanosis. **Refer to NF.**
8. Discuss the immunization schedule and when the infant should receive the first immunization. **Refer to IM.**
9. Discourage use of medications in the newborn period.

**CHN-L LITERATURE**

**OUTCOME:** The parent/family will receive literature about child health issues.

**STANDARDS:**

1. Provide patient/family with literature on child health issues.
2. Discuss the content of the literature.

**CHN-MNT MEDICAL NUTRITION THERAPY**

**OUTCOME:** The patient and family will have an understanding of the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

**STANDARDS:**

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
  - a. Assessment of the nutrition related condition.
  - b. Identification of the patient's nutritional problem.
  - c. Identification of a specific nutrition intervention therapy plan.
  - d. Evaluation of the patient's nutritional care outcomes.
  - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.

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5. Refer to other providers or community resources as needed.

**CHN-N NUTRITION**

**OUTCOME:** The parent/family will understand the various methods of feeding a baby in order to ensure good nutrition and adequate growth.

**STANDARDS:**

1. Encourage breastfeeding as the healthy way to feed infants. Explain that infants grow appropriately on formula when breastfeeding is not an option. **Refer to BF.**
2. Emphasize that nothing should be given from the bottle but formula, breastmilk, water, or electrolyte solutions, e.g., no caffeinated beverages or other soft drinks.
3. Review formula preparation and storage of formula and/or breastmilk as appropriate. Discuss proper feeding technique for bottle and breastfeeding, i.e. feeding positions, latching on, demand feeding.
4. Review proper technique and position for bottle feeding, e.g., no propping of bottles, feed in semi-sitting position, no warming of bottles in the microwave.
5. Discuss the reasons for burping infants and methods of burping infants.
6. Discuss that infants have a need to suckle beyond what is necessary for nutrition. Discuss thumb sucking and pacifier use.
7. Discuss that solids are not needed until 4–6 months of age. Discourage the use of cereals added to formula except when specifically recommended by the healthcare provider.

**CHN-NJ NEONATAL JAUNDICE**

**OBJECTIVE:** The family will understand the importance of monitoring for jaundice and the complications of unrecognized jaundice.

**STANDARDS:**

1. Explain that jaundice is the yellow color seen in the skin of many newborns that is caused by build up of bilirubin in the blood.
2. Explain that everyone's blood contains bilirubin, which is removed by the liver and that before birth, the mother's liver does this for the baby. Explain that many babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.
3. Explain that the yellow skin color caused by bilirubin usually appears first in the face then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. Explain that the whites of the eyes may also be yellow.
4. Explain that mild jaundice is harmless but high levels of bilirubin may cause brain damage.

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5. Explain that this brain damage can be prevented by treatment of the jaundice before the bilirubin level gets too high. Discuss that treatment options may include medical phototherapy or exchange transfusion.
6. Emphasize that parents should watch closely for jaundice and seek medical attention if jaundice is noticed.
7. Explain that medical personnel can check the level of bilirubin in the blood by blood tests or occasionally by a skin test.
8. Explain that all bilirubin levels must be interpreted in light of the infant's age and that term infants and older infants can tolerate higher levels of bilirubin than preterm infants and younger infants.
9. Explain that jaundice is more common in breastfed infants especially when the infant is not nursing well. Encourage nursing the infant a minimum of 8-12 times a day for the first week of life to increase milk production and keep bilirubin levels down. Emphasize that breastmilk is the ideal food for infants.

**CHN-PA PARENTING**

**OUTCOME:** The parent/family will cope in a healthy manner to the addition of a new family member.

**STANDARDS:**

1. Discuss the common anxieties of new parents.
2. Review some of the changes of adding a new baby to the household.
3. Review the sleeping and crying patterns of a new baby and the importance of learning baby temperament: cuddle, rock, trying to console baby – crying usually peaks at 6 weeks. Encourage the parents to sleep when the infant sleeps.
4. Emphasize the importance of bonding and the role of touch in good emotional growth.
5. Emphasize that fatigue, anxiety, and frustration are normal and temporary. Discuss coping strategies. Discuss the signs of depression and encourage parents to seek help if depression is suspected.
6. Discuss sibling rivalry and some techniques to help older siblings feel important. Encourage active participation of the father in caring for the infant and older siblings.
7. Review the community resources (financial, medical, WIC) available for help in coping with a new baby.
8. Encourage the mother to keep her postpartum checkup.

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**CHN-S SAFETY AND INJURY PREVENTION**

**OUTCOME:** The parent/family will understand principles of injury prevention and will plan to provide a safe environment.

**STANDARDS:**

1. Review the dangers of leaving a newborn unattended. Discuss the need to require ID from people presenting themselves in an official capacity.
2. Stress the use of a properly secured, rear facing car seat EVERY TIME the newborn rides in a vehicle. The car seat should be in the middle of the back seat of the vehicle. The car seat should NEVER be in the front seat due to possible injury should the airbag deploy. Discuss the requirement of a NTSB approved car seat. Not all infant carriers are approved for use in automobiles.
3. Discuss the dangers posed by—direct sunlight, open flames, closed-up cars, siblings, plastic bags, tossing the baby in the air, second-hand cigarette smoke and shaken-baby syndrome. Discuss crib safety (slats less than 2 3/8 inches apart.)
4. Illustrate the proper way to support a newborn's head and back.
5. Explain that SIDS is decreased by back or side-lying and by not smoking in the home or car. Emphasize the importance of keeping home and car smoke-free. Discuss that soft bedding or toys and keeping the infant too warm may increase the risk of SIDS.
6. Stress the importance of carefully selecting child-care settings to assure child safety.
7. Discuss the importance of keeping a hand on the infant when the infant is lying on any surface over floor level to avoid falls.
8. Discuss the dangers posed by hot liquids, too hot bath water, microwaving baby bottles, and cigarettes or open flames. (Current recommendation is to set water heater to <120°F.)

**CHN-SF INTRODUCTION TO SOLID FOODS**

**OUTCOME:** The parent/family will understand the appropriate ages to introduce various solid foods (teach any or all of the following as appropriate to this infant/family).

**STANDARDS:**

1. Explain that infants should not routinely be fed foods other than breastmilk or formula prior to 4 months of age except under the advice of a healthcare provider.
2. Emphasize that, for some time after the introduction of solid foods, breastmilk/formula will still be the infant's primary source of nutrition.
3. Emphasize that foods should never be given from a bottle or infant feeder and must always be fed from a spoon.

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4. Explain that infants may be fed cereal mixed with breastmilk or formula not sooner than 4 months of age. Rice cereal is generally the preferred first solid food. It is normal for an infant to take very small amounts of solid foods for several months. Discard any uneaten food after each meal.
5. Emphasize the need to wait 3–5 days between the addition of new foods to watch for adverse events from the foods.
6. Explain that pureed/or finely mashed vegetables and fruits should be started no earlier than 6 months of age.
7. Explain that some foods such as peanut butter, chocolate, eggs, strawberries, cow or goat milk and citrus should not be fed until the infant is one year of age due to the highly allergenic nature of these foods. Explain that honey and syrups may contain botulism toxin and should not be fed before one year of age.
8. Explain that infants 14–16 months of age will have a decreased appetite and will become more picky eaters.
9. Emphasize that some foods are easy to choke on and should be avoided until 4 years of age, e.g., nuts, hard candies, gum, carrot sticks, meat on a bone, grapes, popcorn, hot dogs, unpeeled apples, slices of orange.
10. Discuss the importance of offering foods at the appropriate ages but do not insist that infants eat foods when they are not hungry:
  - a. Baby knows how much to eat
  - b. It is important to go along with the babies when they feel they have finished eating
  - c. Some days babies eat a lot other days not as much
  - d. No two babies eat the same
11. Explain how to assess readiness, an infant:
  - a. Who exhibits tongue thrusting is not ready to eat solids
  - b. Who will give you cues to readiness when they open their mouths when they see something coming
  - c. Who will close lips over a spoon
  - d. Who will keep food in their mouth instead of spitting it out
  - e. Who will sit up alone without support
12. Explain that the body of knowledge regarding infant feedings has changed dramatically and advice from family/friends may no longer be appropriate; talk to your healthcare provider.

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**CHN-SHS    SECOND-HAND SMOKE**

**OUTCOME:** Provide the patient/family with an understanding of the adverse health consequences associated with exposure to second-hand tobacco smoke, and discuss methods for limiting exposure of nonsmokers to tobacco smoke.

**STANDARDS:**

1. Define “passive smoking” ways in which exposure occurs:
  - a. Smoldering cigarette, cigar, or pipe
  - b. Smoke that is exhaled from active smoker
  - c. Smoke residue on clothing, upholstery, carpets or walls
2. Discuss harmful substances in smoke:
  - a. Nicotine
  - b. Benzene
  - c. Carbon monoxide
  - d. Many other carcinogens (cancer causing substances)
3. Explain the increased risk of illness in infants when exposed to cigarette smoke either directly or via second-hand smoke.
4. Discuss that infants who live in home where someone smokes in the home are three times more likely to die of SIDS than infants who do not live in a home in which someone smokes.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the patient is not in the room at the time that the smoking occurs.
6. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.
7. Encourage smoking cessation or at least never smoking in the home or car.